

Northern Division

RECEIVED

2007 APR 25 A 9:50

Jimmy Frank Cameron  
plaintiff

CASE NO. 2:06-CV-1115 MHT

V

Richard Allen Ed. AL  
Defendants

MOTION TO AMEND  
Rebuttal of Defendants Special  
Report with Proof

Come now Jimmy F Cameron with Proof That  
He has been Trying To get medical Treatment for  
The Last year since 11-7-05 when his Troubles  
Started. This will show Plaintiff has been filing  
Grievances & Appeals Doing Every Thing Possible To  
get Adequate Medical Treatment To Stop ALL his  
Pain and Suffering, and has filed every Available  
Grievances and Appeals provided here at Bullock  
Correctional Facility

Date 4-22-07 Jimmy F Cameron  
plaintiff

## Certificate of Service

Come now Jimmy F Cameron and Does Say  
That Copies of the fore going was mailed To  
Attorneys for The Defendant. by placing a copy  
in The U-S MAIL. properly addressed This  
Day of 4-22-07 Postage paid by Bullock  
Free Legal mail

Rushton, Stakely. Johnson & Garrett P.O.

P.O. Box 270

Montgomery, ALA

36101-0270

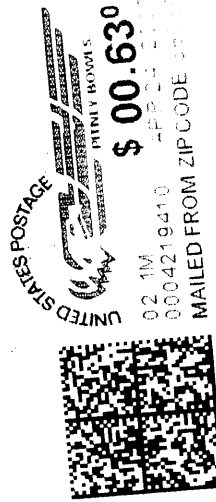
4-22-07

Jimmy F Cameron  
Plawatt

Sammy Cameron 105541  
P.O. Box 5167 E1-7-10  
Union Springs Ala  
36089

2008 1120810192

Legal  
Mail



United States District Court  
P.O. Box 711  
Montgomery - Ala  
36101-0711

## Prison Health Services, Inc.

## Inmate Grievance

Jimmy Cameron 105591 11-5-B 8-25-06  
 NAME AIS # UNIT DATE

## PART A---Inmate Grievance

I saw DR. MOISER on are around 8-17-06 Due To  
 Chronic Back Pain in my Lower Back. DR. Moiser  
 Doctor moiser informed me he was prescribing Pain  
 medication Three Times A Day for 30 Days. I received  
 The medication up until 8-23-06 and was then informed  
 by The 2nd Shift Nursing Staff That The Pain medication  
 had been discontinued by DR MARK SANIER.  
 I need The Pain medication. In Being denied  
 Treatment.

Jimmy Z Cameron  
 INMATE SIGNATURE

## PART B - RESPONSE

DATE RECEIVED 8-28-06

MRC. Cameron,

This was decided by a doctor and  
 you will have to sign up to  
 see him if you would like  
 to discuss the need for your  
 pain medication.

Sizemore, RN  
 P.H.S. Department Head Signature

8-28-06  
 DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health  
 Services Administrator. Return the completed form to the attention of the; Health Service  
 Administrator. You may place the form in the sick call request box or give it to the  
 segregation sick call nurse on rounds.

## H.S.A Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Committee Review of Data Collection

COURT

Prison Health Services, Inc.

Inmate Grievance Appeal

Jimmy Cameron 105591

NAME

AIS #

11-5-B

UNIT

9-8-06

DATE

PART A---INMATE Grievance Appeal for the following reason:

This is in Response To an Inmates Grievance filed on my behalf on 9-3-06 concerning DR. SANN Taking me out of medical class II and placing me in class one duty status and also discontinuing my bottom bunk profile as usual you totally avoided each and every issue and merely passed the buck back to the doctor in an attempt to avoid written evidence of your culpability in my civil complaint or criminal charges for violating constitutionally vested rights under federal law. Mrs. Sizemore pursuant to the 8th amendment as "Administrator of the Infirmary, you bear responsibility for insuring that inmates at this facility receive adequate medical care. This responsibility is a sufficient basis

Jimmy Cameron  
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B - RESPONSE

DATE RECEIVED

Inmate Signature

Date

Health Services Department Head

Date

H.S.A. Selection:

I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	VI Delay in Health Care Provided	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/> Y <input type="checkbox"/> N	VII Problems with Medication	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/> Y <input type="checkbox"/> N	VIII Request to be seen	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/> Y <input type="checkbox"/> N	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	X Other	<input type="checkbox"/> Y <input type="checkbox"/> N
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Continued

2

Prison Health Services, Inc.

Inmate Grievance AppealJimmy Cameron  
NAME105591  
AIS #11-5-B  
UNIT9-8-06  
DATE

PART A---INMATE Grievance Appeal for the following reason:

For which to infer your personal involvement in the denial of such care at the preliminary stage of the grievance process especially where the denial is as gross as it is in my situation. I am being denied treatment.

Jimmy Cameron  
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B--RESPONSE

DATE RECEIVED

We are following doctor's orders as written and will continue to follow your care. See that you were screened for a follow up on 9-3-06 with Dr. Jonnier now you can inquire with the Doctor concerning your prescribed treatment

Inmate Signature

J. Semore RN  
Health Services Department Head

Date

Date

H.S.A. Selection:

I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	VI Delay in Health Care Provided	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/> Y <input type="checkbox"/> N	VII Problems with Medication	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/> Y <input type="checkbox"/> N	VIII Request to be seen	<input type="checkbox"/> Y <input type="checkbox"/> N
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/> Y <input type="checkbox"/> N	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	X Other	<input type="checkbox"/> Y <input type="checkbox"/> N
Committee Review of Data Collection			

Prison Health Services, Inc.

EXHIBIT (C)  
exhibit, A

## Inmate Grievance

Jimmy Cameron

NAME

105591

AIS #

11-5-B

UNIT

9-3-06

DATE

## PART A---Inmate Grievance

Even though I was Transferred To Hamilton A&I Due To Multiple Chronic Health Problems which include severe compression fractures of Lower Dorsal spine T7 and T8 as well as Chronic Hep-C and Also in Class III status Due To These Health Problems. Dr. MARK Sanner discontinued my bottom bunk Profile and placed me in Class I Duty Status on 8-30-06. This action was Taken by Doctor Sanner without any type of examination. Due To his deliberate and callous Action he has in fact endangered my health and well being. I request To see The WARDEN and The Dir. in Reference To this matter

Jimmy Cameron  
INMATE SIGNATURE

## PART B - RESPONSE

DATE RECEIVED

9-6-06

Mr. Cameron,

If you feel you have been missed classed (Duty Status) Please sign up for sick call.

P.H.S. Department Head Signature

DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:		Y	N			Y	N
I	Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI	Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II	Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII	Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III	Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII	Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV	Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX	Request for Off-site Specialty Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X	Other	<input type="checkbox"/>	<input type="checkbox"/>
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Prison Health Services, Inc.

Inmate Grievance Appeal

NAME JIMMY CAMMERON 105591 AIS # 11-5-B UNIT 6-29-06 DATE

PART A---INMATE Grievance Appeal for the following reason:

*This is in reference to a grievance I filed approximately two weeks ago in reference to being denied treatment for Hep. C which the DON has refused to acknowledge or respond to. Even though P.H.S. and the A.D.C. have a protocol for evaluation of prisoners eligibility for treatment for Hep. C. It is in part inconsistent with scientific knowledge of this significant illness. Prison Health Services on behalf of the State of Alabama uses this protocol in a discriminatory and punitive manner to justify there denial of access of myself and other prisoners at A&I Treatment for Hep. C. "I am being denied treatment!"*

*Jimmy Cameron*  
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B - RESPONSE

DATE RECEIVED 7-3-06

*Mr. Cameron,*

*Your Liver Functions are within normal limits. You do not qualify for treatment under current guidelines. Will continue to monitor your condition. If you have problems let us know.*

*Jimmy Cameron*  
Inmate Signature

7-10-06

Date

*Demore PM*  
Health Services Department Head

7-3-06  
Date

H.S.A. Selection:

I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	VI Delay in Health Care Provided	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/> Y <input type="checkbox"/> N	VII Problems with Medication	<input type="checkbox"/> Y <input type="checkbox"/> N
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/> Y <input type="checkbox"/> N	VIII Request to be seen	<input type="checkbox"/> Y <input type="checkbox"/> N
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/> Y <input type="checkbox"/> N	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	X Other	<input type="checkbox"/> Y <input type="checkbox"/> N

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